The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI JANUARY, 1960 NO. 1

THE DOCTOR AND HIS HOBBY

(See Page 10.)

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

NEXT DISTRICT MEETING

JANUARY 26, 1960

(See Page 13.)

Hampden District Medical Society

Founded 1840

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Ralph T. Miller, M. D.	1962	George Corcoran, Jr., M. D.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, JANUARY, 1960

EDITORIAL

MEDICAL COSTS

Medical costs have risen appreciably in the last decade or two. Of this we are reminded often enough by the press, labor unions and insurance underwriters. What is rarely mentioned, however, is that the physician's share in this overall increase in medical costs, which includes of course also hospital and drug expense, is trivial by comparison. Since 1940 hospital costs quadrupled while the physician's fees increased only 75%. Medical fees have lagged also far behind the cost of drugs. In an article entitled "Costs of Medicines Top Doctor's Fees", the New York Times (December 24) quotes a Social Security Administration report, showing that in 1958, for the first time in history, "the nation's medicine bill was larger than its doctor bill".

The saddest part is that whenever rising medical costs a e mentioned the doctor is invariably pictured as the villainous culprit. To most people "medical costs" and "doctor bills" are one and the same thing. "When I was sick last year", this patient complained, "my doctor bills amounted to over a thousand dollars". Upon closer questioning it turned out that the physician's fee amounted to only $190, with the rest going to the hospital and the druggist.

How to correct this popular misconception is difficult to say. The separation of Blue Shield (which in a decade rose 67%) from Blue Cross (which increased 111%) has been suggested, but this has its obvious drawback. It

would mean doing away with a very attractive feature of B. C. - B. S., the package deal. The least we can do, for the time being at least, is to familiarize the public with the fact that the doctor is far from being the primary cause of the ever mounting medical costs. We can also use greater care in prescribing, especially the more expensive drugs; we can economize by omitting some of the more dispensable laboratory tests; and we can shorten our patient's hospital stay to the minimum consistent with good medical care. This would not only spare the patient's pocketbook but would also decrease insurance costs, and would, at the same time make more beds available for our acutely ill patients. Our personal stakes may be negligible but our responsibilities in the overall problem of medical costs are tremendous. M.

Results of Essay Contest

In September, 1959, the Hampden Hippocrat sponsored an Essay Contest which carried a double purpose. "First, to stimulate interest in medical problems where it will do the most good, namely, in the younger element in our midst. Secondly, to familiarize the rest of us with the views, opinions and sentiments of this very important segment of our membership". A list of suggested topics in the field of Medical Ethics and socio-economics was published. Two prizes were offered. All doctors who had practiced 10 years or less were invited to participate.

Since an insufficient number of entries were received, the Board of Editors at its last meeting voted to award only one prize. This award goes to Dr. Robert D. O'Malley of Holyoke for his very lucid and comprehensive Essay, entitled: "Blue Shield - Milestone or Mill Stone?", appearing on pages 17 - 20.

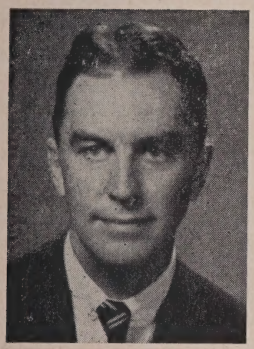
Editor

M. A. M. A.

The Massachusetts Association of Medical Assistants was organized recently as a component of the American Association of Medical Assistants. This is a non-profit, educational association whose members work in doctors' offices or hospitals. One of its main objectives is "To strive at all times to cooperate with the medical profession in improving public relations". It is not limited to nurses. Physicians are urged to recommend membership in this association as being beneficial not only to employer and employee but also to the health of the public.

The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

President's Page



As a new year begins, the most important national problem that concerns the medical profession is the introduction of the Forand Bill in Congress. If this bill should pass, everyone over 65 years of age who is covered by Social Security would be entitled to free hospitalization, and free treatment by physicians for any surgical condition.

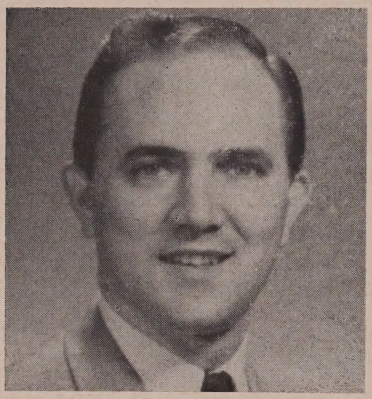
As we all realize, enactment of this bill would as surely be followed, as the night the day, by a rash of extensions that, within 5 - 10 years, would probably extend coverage to everybody in the country for every ailment to which the human flesh is heir. Therefore in a final appeal to the membership, if you have not written personally to your Senators and Representative, please do so *today*. The curriculum vitae you save may be your own.

Incidentally the Secretary of Health, Education and Welfare while opposed to the Forand Bill, is said to be preparing a substitute for it. It will be interesting to see what alternative the administration has to offer.

And now to another subject. As we pass the winter solstice, another silly season is upon us. And almost every year, the President is compelled to point out, (to one per cent of the membership) that all the rest of us are miracle healers too, once in a while, but we don't seem to get our names in the paper. The Grievance Committee does not look kindly upon those of our flock who grant interviews to the press, in which they allow themselves to be quoted directly in describing their triumphs. To these babes lost in the ethical woods, I can only say that if you do not wish to clear such matters with the Public Relations Committee, then instead send the whole story to the New England Journal of Medicine — they will undoubtedly be thrilled to publish it, since it's so newsworthy.

John A. Burke, M. D.

WELCOME . . . . . .



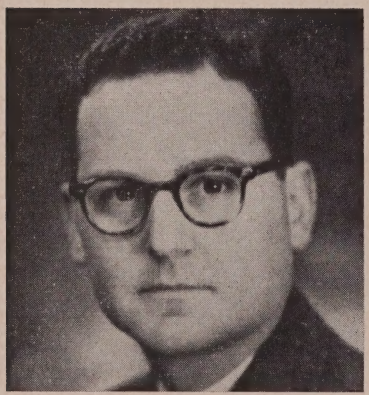
SANTE M. CALDAROLA, M. D.
Office: 30 High Street, Springfield
Born: September 25, 1927 - Bari, Italy

Medical School:
Universita' degli Studi
Genova, Italy, 1953

Internship:
Springfield Hospital, 1953 - 1954

Residencies:
Springfield Hospital, 1955 - 1956; 1958 - 1959
U. S. Naval Hospital, 1956 - 1958
Great Lakes, Illinois - (Surgery)

Specialty: Surgery



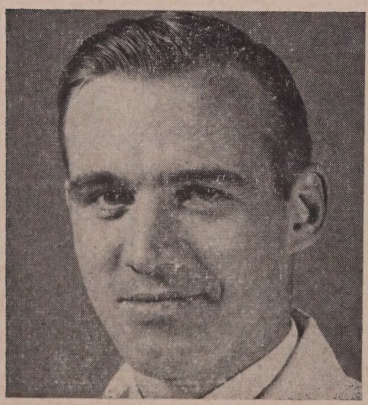
EDWARD L. FERGUSON, M. D.
Office: 159 Essex Street, Holyoke
Born: November 6, 1924 - Holyoke

Medical School:
Harvard Medical School, Boston - 1953

Internship:
Massachusetts General Hospital, 1953 - 1954
Boston (Surgery)

Residencies:
Massachusetts General Hospital, 1954 - 1955; 1956 - 1959, Boston (Surgery)
Birmingham Accident Hospital, 1955 - 1956
Birmingham, England (Surgery)

Specialty: Surgery



EDWARD W. JENKINS
Office: 130 Maple Street, Springfield
Born: March 7, 1926, Springfield

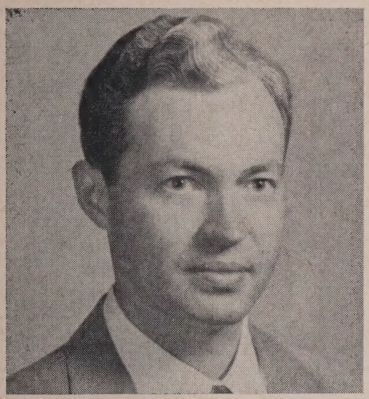
Medical School:
University of Vermont, Burlington, Vt., 1951

Internship:
Mary Fletcher Hospital, 1951 - 1952
Burlington, Vermont (Rotating)

Residencies:
Dartmouth Medical Center, 1952 - 1956
(Mary Hitchcock Memorial Hospital & U.S. Veteran Administration Hospital)
Hanover, New Hampshire (Surgery)
Westfield State Sanatorium, 1956 - 1957
(Oncology)
University of Michigan Hospital, 1957 - 1959
Ann Arbor, Michigan (Thoracic Surgery)

Specialty: Thoracic Surgery

NEW MEMBERS



SIGMUNDUR M. JONSSON, M. D.
Office: 64 Court Street, Westfield
Born: December 29, 1917 - Iceland

Medical School:
University of Iceland Medical School - 1943

Internship:
Duke Hospital, 1943 - 1944
Durham, North Carolina (Medicine)

Residencies:
Westfield State Sanatorium
1948 - 1949, 1957 - 1959
(Pulmonary Diseases)

Specialty Pulmonary Diseases

C. PAUL NAY, M. D.
Office: Massachusetts Mutual Life Insurance Co.
State Street, Springfield, Mass.

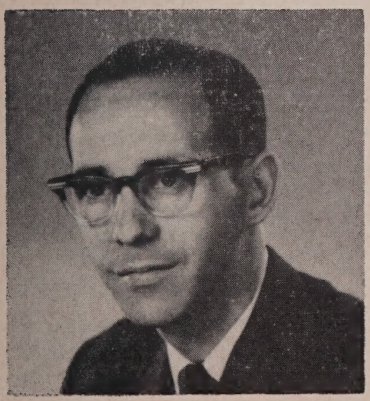
Born: October 2, 1925 - Camden, New Jersey

Medical School:
Temple University School of Medicine - 1949

Internship:
The Cooper Hospital, 1949 - 1950
Camden, New Jersey (Rotating)

Residencies:
Binghampton City Hospital, 1955 - 1956
Binghampton, N. J. (Internal Medicine)

Specialty: Internal Medicine



ROBERT J. O'BRIEN, M. D.
Office: 179 Walnut Street, Holyoke
Born: April 28, 1928 - Holyoke

Medical School:
St. Louis University School of Medicine, 1954
St. Louis, Mo.

Internship:
Bellevue Hospital, 1954 - 1955
New York, N. Y. (Surgery)

Residencies:
Bellevue Hospital, 1955 - 1956
New York, N. Y. (Surgery)
U. S. Veteran Administration Hospital,
1956 - 1959
New York, N. Y. (Surgery)

Specialty: Surgery

(over)

NEW MEMBERS

WALTER F. TAUBER. M, D.
Office: 111 Maple Street, Springfield
Born: March 6, 1926 - Vienna, Austria
Medical School:
State University of New York, 1952
New York
Internship:
Grace-New Haven Community Hospital
1952 - 1953
New Haven, Connecticut (Rotating)
Residencies:
Kings County Hospital, 1953 - 1954
Brooklyn, New York (Obs. & Gynecology)
Long Island Jewish Hospital, 1954 - 1955
New Hyde Park, N. Y. (Obs. & Gynecology)
Greenpoint Hospital, 1955 - 1957
Brooklyn, New York (Obs. & Gynecology)
Specialty: Obstetrics and Gynecology

EBER A. WEIN, M. D.

Office: 53 Springfield St., Agawam, Mass.

Born: July 24, 1919 - Laconia, New Hampshire

Medical School:
The Chicago Medical School - 1945
Chicago, Illinois

Internship: Sydenham Hospital - 1944
New York, N. Y. (Rotating)

Specialty: General Practice

TRANFEREES

A complete list of transferees to Hampden District Medical Society from other Societies will appear in the February issue.

A GENTLE REMINDER

According to our by-laws (V,9), "Attendance of at least 50% of the District meetings is mandatory during each of the first two years of membership in the District Society."

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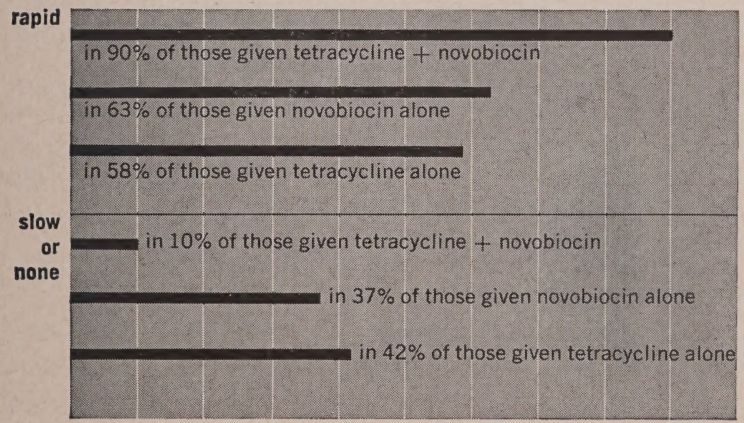
rapid
in 90% of those given tetracycline + novobiocin
in 63% of those given novobiocin alone
in 58% of those given tetracycline alone
slow or none
in 10% of those given tetracycline + novobiocin
in 37% of those given novobiocin alone
in 42% of those given tetracycline alone

1. Birkett, F. J., and others: Lancet *1*:838 (April 18) 1959.

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HOSPITAL HONORS DR. SULLIVAN

Left to right: Dr. Max Millman, President of Staff, Dr. Elizabeth Sullivan, Sister Mary Vincentius, Hospital Administrator, and Rev. Joseph A. Russell, director of hospitals for the Roman Catholic Diocese of Springfield.

A special citation and gold plate were awarded by the Mercy Hospital to Dr. Elizabeth M. Sullivan for more than 50 years of faithful service to the hospital and to the sick in the community. She joined the Mercy Hospital staff in 1907, only 11 years after the hospital received its first patient. In 1957 Dr. Sullivan, who at 81 is still active in the practice of her profession, was awarded the 50-year medal by the Massachusetts Medical Society, and was honored on Doctor's Day by the Hampden District Medical Society. She is believed to be the oldest practicing woman physician in Massachusetts.

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IN MEMORIAM

JAMES HOLMES, M. D.

1886 - 1959

Dr. James Holmes of Springfield died at the Springfield Hospital on December 21, 1959.

Dr. Holmes was born in East Longmeadow on December 28, 1886. After graduating from the University of Maryland Medical School, he was an intern at the Boston City Hospital and a surgeon in the U. S. Navy during World War I.

From 1930 to 1934 he served as an assistant surgeon on the fracture service at the Springfield Hospital, and since 1934 had been an assistant surgeon on the orthopedic service at this hospital. He was a member of the Springfield Academy of Medicine, the Hampden District Medical Society, and the American Medical Association.

Deepest sympathy is extended to the surviving members of his family and associates.

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THE DOCTOR AND HIS HOBBY

III — Amateur Painting

Frank Sirulnik of Springfield has been in general practice since 1939. He is married, and has five children, ages 19 years down to 8 years. His first venture into the field of painting occurred in 1949 when a local teacher artist, Donald Reichert, present assistant curator of the George Walter Vincent Smith Museum, engaged Frank's services for a rib injury. The friendly conversation that ensued during subsequent office visits by Mr. Reichert aroused and stimulated Frank's interest in art. After much urging Frank attended the museum's evening adult art class already in session. The group was composed of art instructors of local and nearby schools plus others of diverse professional and business backgrounds. "One look at the wonderful work done by some of these Sunday artists and I had a strong urge to quit right there and then, but too late, I was trapped. My first efforts were viewed with solemness sincerity and with much encouragement. I soon lost all sense of inadequacy and became a fellow dabbler".

Few months had passed and Frank entered a water color in the annual Springfield Art League Jury Show, a nationally represented exhibition. The painting was jury accepted for showing. This water color "Country Auction" subsequently won two honorable mentions, one in the American Physician's Art Association's annual show which is incidentally held in conjunction with the annual A.M.A. Medical convention, and the other, mention

in the annual Connecticut Water Color Society show, by indeed a very critical and staid art jury. "Downstreet Rain" another of Frank's water colors also was awarded an Honorable Mention in this same Connecticut exhibit. Subsequently, "Downstreet Rain" was also awarded second prize in the annual A.P.A.A. show held in San Francisco in 1953.

Other prize winners and/or jury-accepted paintings include "Rain on the Turnpike", a first prize winner in the A.P.A.A. exhibition held in New York City, "Sidewalk Engineers", "Tranquility", "View from Window", and "Before the Parade", all water colors; also two abstracts in oil medium, "Boatyard" and "Millstone Point".

When he asked the New York Times critic, one of the jurors, "just what in the picture 'Country Auction' merited attention", the critic replied, "Oh yes, we liked the humorous way in which you tilted the farmers' hats in the auction crowd". The truth of the matter, said Frank, was that "I inadvertently allowed the black paint to run down the sides of the necks of the farmers in the picture because I could not control the flow of paint—the result was a happy mistake". In another situation, Frank had started a water color painting, had completed the sky and the tree part of the picture but had to leave suddenly to see a patient. When he returned to his easel following the call, he found the sky and the trees all smudged up and streaked. One of his small children had been inquisitive to the point of touching the picture and found it fun. She smeared the wet paint all over the picture surface. "The effect was very dramatic. I completed the picture, entered it in competition and called it 'Rain on the Turnpike' ". It won first prize as before mentioned.

He has in the past served as president of the American Physician's Art Association. This group has interested many thousands of physicians who visit the exhibition at the annual A.M.A. conventions. He has also in the past served on the council of the Springfield Art League as treasurer. At present, Frank is regional director for New England of the A.P.A.A.

Frank concludes with this remark: "I am sure that each and every physician will derive much pleasure in dabbling. There is at least one good painting in everyone of us. You will realize this if you will only make the effort. It's the old adage 'nothing ventured nothing gained'. For the physician who is very busy or too busy, remember, you need a hobby. Our local museums and nearby colleges offer you an opportunity through their evening adult art classes. Why not avail yourself of them." Vassos

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MERCY HONORS STAFF VETERANS

Left to right: Drs. James Z. Naurison, John E. Dwyer, Msgr. George S. L. Connor, Drs. Joseph E. Redden and George B. Corcoran.

At the Annual Mercy Hospital Staff Dinner (December 2, 1959) special citations were presented to four of its veteran members for their many years of faithful and loyal service to the hospital. The presentations, in behalf of the hospital trustees, were made by Msgr. George S. L. Connor, vicar-general of the Springfield Roman Catholic Dioceses. The doctors receiving these citations were as follows:

Dr. George B. Corcoran, Sr., still in active practice, for 45 years of service in the Department of Surgery.

Dr. James Z. Naurison, still in active practice, for 44 years of service in the Department of Internal Medicine.

Dr. Joseph E. Redden, still in active practice, for 43 years of service in the Department of Dental Surgery.

Dr. John E. Dwyer, retired, for 40 years of service in the Department of Pathology and Internal Medicine.

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NEXT HAMPDEN DISTRICT MEETING

TIME:	Tuesday, January 26 Social Hour 6 p. m. * Dinner (at expense of Society) 7 p. m.
PLACE:	Storrowtown 1305 Memorial Avenue, West Springfield
SPECIAL GUEST:	Lawrence R. Dame, M. D. President, Massachusetts Medical Society
TOPIC:	"Present Crisis In Medical Economics"
BUSINESS AGENDA:	Important organizational & socio-economic matters.

YOUR PRESENCE IS URGENTLY REQUESTED

Harry N. Memery,
Secretary

* PLEASE NOTE CHANGE IN TIME

AMA HOUSE OF DELEGATES ACTIONS

Freedom of choice of physicians, relations between physician and hospitals, a scholarship program, and relative value studies of medical services were among the major subjects acted upon by the House of Delegates of the AMA in Dallas, Texas, December 1st to 4th, 1959.

Dr. Louis M. Orr, AMA President, urged physicians to take a more active interest in politics and public affairs, and to tell medicine's positive story. "If more people knew more about the things we support and encourage, they would listen to us much more carefully about the things we oppose," he said.

Freedom of choice of physicians, the right to select and change physicians or select his preferred system of medical care were emphasized in several resolutions which were adopted.

In the area of physician-hospital relations, the House acknowledged the need to strenghten relationships with hospitals, recommended maintaining a liaison with the American Hospital Association, and reaffirmed support of the 1951 "Guides for Conduct of Physicians in Relationships with Institutions". These Guides (1) opposed the sale of professional services by any hospital, corporation or lay body, (2) approved the employment of physicians for teaching, research, or charitable services on a mutually agreeable financial arrangement when such services are not being sold by those agencies, and (3) placed the practice of anesthesiology, pathology, physical medicine, and radiology in the same category as the practice of surgery and internal medicine.

The House approved in principle the conducting of relative value studies by each state medical society, although left it up to each state and county medical association to accept or reject the idea of a study in its area.

The plan of the Committee On Medical Rating of Physical Impairment to publish its new guide on the cardiovascular system in the **AMA Journal** was given approval by the House.

The need and feasibility of a home for aged and retired physicians is to be investigated.

The House also registered a strong protest to the Veterans' Administration urging stricter screening of non-service connected disability patients admitted to Government Hospitals.

Support of Blue Shield was reaffirmed by the House.

The House endorsed a program of the Educational Council For Foreign Medical Graduates, but also urged that judicious consideration be given to local problems involved in the July 1, 1960, deadline for certification of foreign graduates.

Medical schools were urged to include a course on the social, political, and economic aspect of medicine in their curricula.

The House urged the American people to get tetanus toxoid immunizations, and called on AMA members to co-operate in an educational program on tetanus immunization.

A recommendation that all state and county medical societies establish programs for inspection and testing of all fluoroscopes and radiographic equipment was adopted.

The House also called on each individual physician to wage "a vigorous, dynamic, and uncompromising fight" against Forand-type of legislation.

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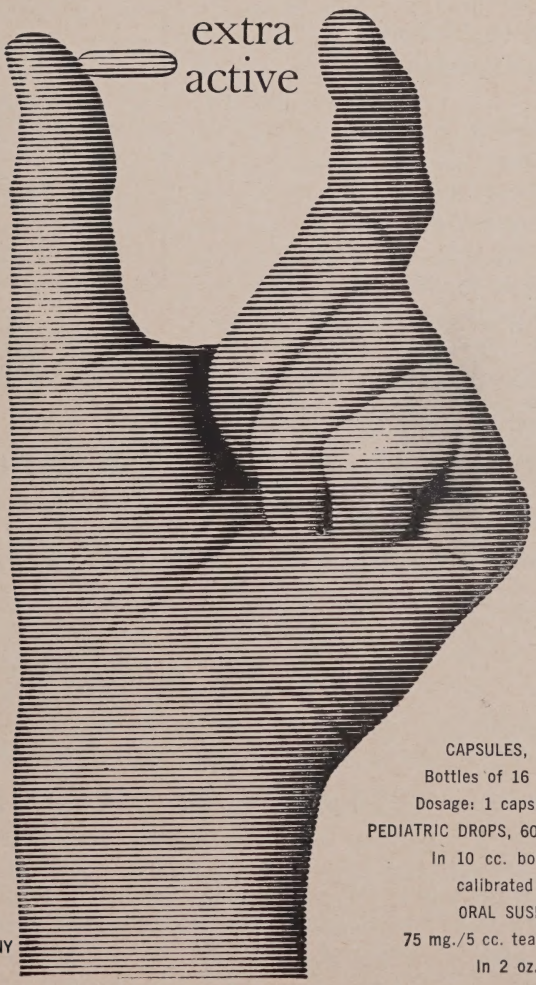

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COMING EVENTS

Springfield Academy of Medicine
January 12, 1960

HAMPDEN DISTRICT
MEDICAL SOCIETY
TUESDAY, JANUARY 26, 1960

Council Meeting of M.M.S., Boston
February 3, 1960

American College of Allergists
March 2, 3 and 4, 1960
Miami Beach, Florida

American College of Physicians
April 4 - 8, 1960
San Francisco, California

Massachusetts Medical Society
Annual Meeting
May 17, 18 and 19, 1960
Hotel Statler
Boston, Massachusetts

A. M. A. Annual Meeting
June 13 - 17, 1960
Miami Beach, Florida

American Academy of General Practice
March 19 - 24, 1960
Philadelphia, Pennsylvania

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PRIZE ESSAY

Blue Shield - Milestone Or Mill Stone?

By
ROBERT D. O'MALLEY, M.D.

The stimulus offered by the editors of THE HIPPOCRAT to encourage physicians in the Hampden District to discuss problems facing our profession today is commendable. The fact that doctors in their first ten years of practice are being singled out for this privilege implies that the editors may be challenging us for fresher approaches to some of medicine's difficult problems of the present and the future. This writer accepts the challenge and if the context and conclusion of this essay seem harsh or even heretical, he begs the indulgence of an objective and thoughtful perusal. His only apology, if it is one, is to comment that if a course of treatment is not succeeding, no change in therapy is too harsh or heretical if it will save the patient.

In seventeen years the Massachusetts Blue Shield has gone from a struggling health insurance experiment, covering a small fraction of the commonwealth, to a powerful multimillion dollar insurance organization which now enrolls nearly 50% of the state population. It has filled a great need for the public and physicians by providing an inexpensive and painless method of payment for medical services. It has led the way for private insurance plans. Its accelerating growth and expansion of services are compelling evidence of the excellent business management which the Massachusetts Blue Shield has enjoyed through the years. Due recognition must be given also to the little publicized fact that it is the doctors of our commonwealth, believing it their public duty, who have provided the services which remain the SINE QUA NON in the success of this plan.

As we approach a new decade of medical care it is time to review the progress of Blue Shield. What were the original purposes of Blue Shield and the reasons underlying the acceptance of its principles by physicians of the state? What is the relationship of the individual doctor with the Blue Shield organization as it exists today? To what ends will our present association with Blue Shield lead the private practice of medicine? How can we control this giant offspring of ours before it escapes the guiding hand of the parent organization, the Massachusetts Medical Society?

As a background for these questions let us keep in mind some important facts. A desire and ability to serve humanity is inherent in every doctor. His most precious possession, however, is his individual freedom. This freedom has been subjected to modifications, restrictions and outright attack

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from many sources which range from the Congress of the United States down to the local social worker. Our medical profession is being boxed in more each day by increased bureaucracy. We doctors, while professing our support of free enterprise, capitulate on small issues of socialism constantly. There can be little question that as a nation we are drifting inexorably into welfare statism and ultimate federal or state control of medicine. This will not be done in a single move but in the piecemeal fashion that has been the case over the last two decades. A prescient labor leader, at our most recent postgraduate assembly has said,

"The Forand Bill will pass and then watch for a flood of amendments!"

An outgrowth of welfare statism is the constantly rising cost of living and the inflationary trends which strike a practicing physician harder than the average because of his long years of preparation. Thus, loss of freedom, statism, beaureaucracy and inflation will be medicine's greatest non-medical problems in the coming decade.

The original purpose of Blue Shield was twofold: To provide inexpensive voluntary medical care insurance for the low income or medically indigent groups and to prevent governmental interference with the practice of medicine. Blue Shield now attempts to cover not only the low income group but has also offered special benefits to the middle income group. This is a definite shift in direction from the original purpose. The low cost Plan A medical coverage has now been relegated to secondary importance in favor of Plan B, the reason advanced for this being to spread the risk. In spite of this change of emphasis away from low income coverage, it is significant to note that the next step towards socialization will still be directed at the low income group through some type of Forand-like legislation. Thus, in the first purpose of low income coverage, Blut Shield policies have been modified and subverted. The great and growing demand for changes in social security legislation would indicate that Blue Shield has not adequately achieved its objective of providing staisfactory low income coverage. Concerning its second purpose, federal interference, government entry into the medical field is progressing rapidly. We have seen frightening evidence of the rapidity with which government is moving into the practice of medicine; in recent years Medicare, this year The Federal Workers Health Insurance Plan and next year probably some form of social security legislation. In every instance, in the state of Massachusetts, Blue Shield has been or will be suggested as the implementing agency. In reality, Blue Shield, with its strict internal professional discipline, has become a convenient mechanism by means of which legislators can sign, seal and deliver the profession. In its second purpose, then, prevention of federal or state interference, Blue

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Shield is obviously failing.

What is our present relationship with Blue Shield? The original relationship no longer exists. It began as the "Doctors' Plan" presumably responsive to our wishes. The individual doctor feels he now has little voice in its management. He has surrendered his professional freedom and has watched his doctor-patient relationship deteriorate into pronouncements by Blue Shield clerks and even IBM machines: he can no longer resign because as a non-participating physician neither he nor his patient would be paid for services rendered. He is locked into politically vulnerable fee policies in an inflationary period. Recently a modest new fee schedule and premium change was completed by the Blue Shield Fee Committee. This has been pidgeonholed until some indefinite time which will be "politically more advantageous". There is no attempt by Blue Shield to appraise the public of the fact that Blue Shield fees are often lower than the prevailing rate, and in fact, the fee policies have had a deflationary effect on all medical charges, downgrading the relative value of our services in the eyes of the public. Our patients have no conception of the amount of subsidy of this plan by their doctors. There is an absolute lack of any effort by Blue Shield to improve our public relations with this information. It seems more important to sell insurance than to provide good medical care for the patient or to be concerned with economic problems of the profession. Blue Shield management, fearing mandatory action from the legislature, has advocated a non-resistance policy to the recent podiatrist legislation. This is an example of placing insurance before medicine and points up Blue Shield's delicate relationship with the legislature. Recognition of podiatrists as practitioners of medicine by Blue Shield will be a backward step in quality of medical care and is a flagrant example of Blue Shield's fearful insecurity with our state politicians.

What does the future hold for us if we continue to be tightly bound by Blue Shield policies? Because of complex political implications these policies may not reflect our wishes or our interests. Because we are employees of this insurance company with its political vulnerability we will find that we must delay, modify and compromise decisions both medical and economic. Our public relations are suffering because we have given Blue Shield managemnt great freedom in negotiating contracts, and with each new contract the doctors are being more closely associated with the more expensive hospital care Blue Cross plan, and so take an increasing responsibility in the eyes of the public for the rising cost of ALL medical care. We are now under contract to take care of state employees with all that this fact implies in the way of political pressure and control. The federal employees, through a recent act of Congress, are

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probably next. Our services are now taken for granted in any Blue Shield contract arrangement. Medicine is now a commodity, wrapped up by Blue Shield for package deals. We will not be consulted as individuals and we have no means of bargaining or refusing. A convenient method of handling the entire profession is illustrated by the ease with which Blue Shield took over management of medicare in this state. At present, we are so thoroughly tied down by a contract of our own making that we will be drawn by way of Blue Shield wherever the legislature decides.

Do we still have any control over our relationship with Blue Shield? In spite of our numerous committees and physician representation in the highest levels of Blue Shield, the organization itself makes little effort to justify its actions to the individual doctor. Those of us who have had occasion to take exception to actions of Blue Shield in the council of the Massachusetts Medical Society know what frustration and futility can result. Our control of Blue Shield rests in the Executive Committee of the Council which comprises the voting members of the Blue Shield corporation. They are men picked by their colleagues from the districts of our Society and they merit the trust and respect of all of us. Unfortunately, these men are fitted neither by training or temperament to cope with the complexities of running an insurance business. As doctors they have no recourse to any information about directing this insurance business other than what the Blue Shield management chooses to supply. Small wonder, then, that they are sold on Blue Shield suggestions or, because of humanitarian impulses, lose sight of where ethics end and economics begin.

Several courses of action seem urgent:

1. We should continue to cooperate in every reasonable way to provide a LOW COST insurance plan for the medically indigent. This should not mean giving cut-rate privileges to higher income groups capable of paying the usual charges of our medical community.

2. We should insist upon a contract change to make our relationship with Blue Shield in the middle and upper income groups a purely voluntary one with provisions for payment no different from any other insurance company.

3. We should be able to resign without penalty if and when the situation gets beyond control.

4. We should concentrate on establishing a realistic and independent valuation of our services; a relative value scale which will not be subjected to real or fancied threat from the legislature each time it is revised because of the cost of living.

5. We should scrutinize every move made by the Blue Shield organization, asking ourselves if it is being done to sell more insurance or if it is in the

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interest of improving the health or medical care of our patients.

6. Our elected medical representative should be made to feel the weight of our opinions through duly appointed channels.

Finally, we must admit that the original purposes of Blue Shield have gone astray and are failing. We must admit that we have subsidized a highly motivated but none the less socialistic scheme and in doing so have given up our freedom, privileges of private practice and independence of action. This scheme has become increasingly controlled by the insurance business and the legislature and will be used to further embroil us in socialism. Let us make every effort to disengage ourselves by way of contract changes from the restricting bonds which we have made for ourselves. Let us get out of insurance business, treat all of the public and all of the insurance companies on the same basis with realistic, elastic standards set by us. We will then maintain our independence as a united, honorable and proud profession. End.

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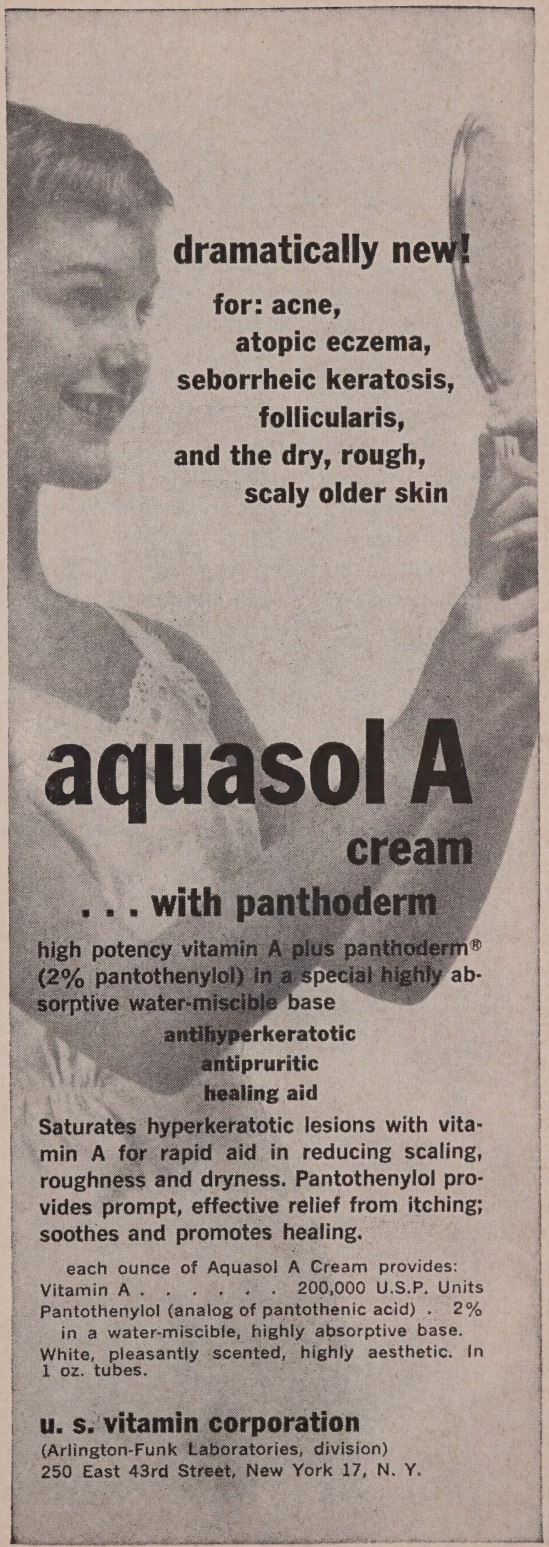
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PRE-COUNCIL AND COUNCIL MEETINGS

A pre-council meeting was held at the Springfield Hospital on Tuesday, January 5, with Executive Councilor Dr. Allen S. Johnson presiding. This was preparatory to the stated meeting of the Council which is to take place in Boston on Wednesday, February 3, 1960.

Among the many items on the agenda is consideration of a report by our own Legislative Councilor, Dr. Theodore R. Miner, who is also chairman of a subcommittee to study Hampden's resolution on The Drug Act. The following is from the circular of Advance Information for Councilors:

"The Committee on State Legislation accepted the report of Dr. Miner's subcommittee and its recommendation to amend Chapter 577, Acts of 1954 as amended, as follows:

Paragraph 6, Section 3 to be amended as follows:

"A physician, dentist, or veterinarian may personally administer or direct the use of any harmful drug at such time and under such circumstances as he, in good faith, and in the legitimate practice of medicine, believes to be necessary for the alleviation of pain and suffering or for the treatment or alleviation of disease, and further, a physician, dentist or veterinarian may dispense or supply any harmful drug provided it is in the best interest of the patient.

The final paragraph of Section 3 should be amended to read:

"The Department of Public Health shall enforce the provisions of this Section, and said department may make such rules and regulations as they deem necessary for the proper enforcement thereof."

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February 9, 1960

At the February 9th meeting of the Springfield Academy of Medicine will be the Annual Joint Meeting with the Massachusetts Heart Association. The speaker will be Dr. Lewis Dexter, Clinical Professor of Medicine, Harvard Medical School; and Physician and Director of Cardiac Services, Peter Bent Brigham Hospital. His topic will be "Pulmonary Embolism". The Clinical Conference in the afternoon will be held at the Mercy Hospital, 5 p. m. Topic will be Valvular or Congenital Heart Disease.

Future Speakers

March 9, 1960

Robert E. Gross, M. D., Professor of Child Surgery, Harvard Medical School. Clinical Conference will be held at the Springfield Hospital. Topic to be announced.

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A symposium on Psychiatric Problems in General Practice will be held Wednesday, January 20, 1960, 9 a. m. to 12 noon at the Springfield Municipal Hospital Auditorium. The panelists will be Olive Cooper, M. D., Jerome Whitney, M. D., and Theodore Clark, M. D.

All physicians are cordially invited to attend.

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AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held at the Hotel Statler on May 17, 18, and 19. In order to encourage everybody to attend, members of our District Society are urged to cancel hospital conferences, and to avoid all other conflicting meetings during the three-day period of the State Meeting.

Harry N. Memery, Secretary

DR. JONES TO VISIT SPRINGFIELD HOSPITAL

Physician-in-Chief Pro Tem Chester M. Jones, M. D., will be at the Springfield Hospital for three days, Jan. 19, 20 and 21, 1960.

Dr. Jones is emeritus clinical professor of medicine at Harvard Medical School, and physician at Massachusetts General Hospital.

On Wednesday, Jan. 20, Dr. Jones will conduct an afternoon clinical conference, from 2 to 4.30 p. m. In the evening Dr. Jones will lecture on the topic: "Malabsorbtion Syndromes". All physicians are invited to attend.

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